

## STATE OF RHODE ISLAND

### DELTA DENTAL PPO

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. These benefits are listed according to the level of coverage (i.e. 100%,80%) . Your group number is **8350**. [Coverage for benefits with time limitations \(i.e. 6,12,24,36 or 60 months\) is calculated to the exact day.](#)

**The annual maximum is:** \$1,200.00 per member per calendar year  
(Periodontal services limited to \$400.00)

**The annual deductible is:** \$0

**The maximum lifetime cap:** Unlimited

**Pretreatment estimates are recommended for underlined procedures.**

#### **Plan pays 100%; Member Coinsurance 0%**

- One oral exam per calendar year performed by a general dentist
- Two cleanings per calendar year
- Fluoride treatment for children under age 19 once per calendar year
- One set of bitewing x-rays per calendar year
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Palliative treatment ( minor procedures necessary to relieve acute pain)
- Amalgam (silver) fillings and composite (white) fillings
- Space maintainers for lost deciduous (baby) teeth
- Extractions and other routine oral surgery \*
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasing or relining of partial or complete dentures; once every 60 months
- Crowns over natural teeth that are not part of a bridge, build ups, posts and cores - replacement limited to once every 60 months

#### **Plan pays 50%; Member Coinsurance 50%**

- Periodontal maintenance - two per year
- Root planing and scaling once per quadrant every 24 months.
- Osseous (bone) surgery once per quadrant every 24 months
- Gingivectomies once per site every 24 months
- Guided tissue regeneration and bone replacement graft once per site every 24 months
- Soft tissue grafts
- Crown lengthening

#### **Orthodontics:**

##### **Plan pays 50%; Member Coinsurance 50%**

- Braces and related services for dependent children under the age of 19  
**Lifetime maximum (orthodontics only) is \$850.00**

**Dependent coverage** - Dependent children are covered up until the end of the year that they turn age 19. Dependent children who are full-time students over age 19 are covered as long as they stay in school or up until the end of the year that they turn age 25.

**\* Certain oral surgery procedures do not count towards the annual maximum.**

*Amended 12/16/05*